

RIDDLEMATTERS

A Publication of The Riddle HealthCare Foundation Spring, 2011



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The New Comprehensive Breast Center at Riddle Hospital

[New People, New Processes](#)

Creating a Better Experience in Riddle's Emergency Department

[Continuing the Conversation](#)

Part 2 of a Riddle Hospital Roundtable on Primary Care



Riddle Hospital

Main Line Health

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Riddle Matters

Spring 2011

Issue 4.1

On the Cover: William H. Ayers, Jr, MD (left), Annette Pierdomenico, RNC-OB, MSN (center), and Tina R. Stein, MD, members of the Comprehensive Breast Center team, consult in radiology.

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Editor: Ellen Grill

Assistant Editor and Writer: Martha Grieco

Designer: Kathy Todd

Photography: Jim Greipp

Writer: Kristine Conner

The Riddle HealthCare Foundation Development Office

Steven R. Derby, Vice President for Development
derbys@mlhs.org

Ellen Y. Grill, Associate Director for Development
grille@mlhs.org

Sandra L. Swank, Executive Assistant
swanks@mlhs.org

Martha Grieco, Communications & Development Coordinator, griecom@mlhs.org

New beginnings at Riddle



Gary L. Perecko



Thomas A. Bruder, Jr.

Spring is a time of new beginnings and we are pleased to share with you the Spring 2011 issue of *Riddle Matters*, which features several “new beginnings” at Riddle.

Our cover story focuses on the new Comprehensive Breast Center. This program, which brings together all of our breast-related services, was launched through a very generous gift from our Associated Auxiliaries. A signature role in the program is that of our new Breast Care Coordinator/Patient Navigator, Annette Pierdomenico, RNC-OB, MSN.

In addition, we are delighted to share with you some significant news regarding the services in our Emergency Department, beginning with an update on new processes and new equipment now in place—along with the people behind them.

Be sure to note the “sidebar” article on page 5 highlighting plans for our new Rapid Evaluation Unit that allows patients with less critical emergencies to have their conditions rapidly assessed—reducing patient wait times from hours to minutes—while more seriously ill patients receive the attention and critical care they need in the main Emergency Department.

New beginnings are always exciting, and as we approach Riddle's 50th anniversary in 2013, we recognize the importance of tradition as well. On April 16th our Associated Auxiliaries hosted the 52nd Annual Man O'War Gala at Drexelbrook, where we honored Jayne and Walter Garrison for their commitment to education, Delaware County and Riddle's Nursing Excellence program. We are most grateful to the Garrisons for their support.

We cherish our long-term relationships with all members of Riddle's community and that includes you. Thank you for all you have done and will continue to do to help us create more “new beginnings” that will result in superior patient care and a healthier Riddle community.

We hope you enjoy reading this issue. As always, please feel free to visit our website at <http://www.mainlinehealth.org/riddle> to learn the very latest about what is happening at your community hospital.

Sincerely,

Gary L. Perecko
President, Riddle Hospital and
The Riddle HealthCare Foundation

Thomas A. Bruder, Jr.
Chairman, The Riddle
HealthCare Foundation

A Better Approach to Breast Care

The New Comprehensive Breast Center at Riddle Hospital



Michele Hamilton works at the Lancôme counter of Boscov's in the Granite Run Mall.

Receiving a callback for more studies after a mammogram is one of the most anxiety-provoking experiences a woman can have. Even if she is told numerous times that “It’s probably nothing,” she can’t help but think “This could be something.”

Michele Hamilton of Havertown had been through that experience before, but last fall she found herself facing something entirely different when her radiologist recommended a biopsy to examine a suspicious nodule in her breast. Years before, Michele had helped her own daughter, now 40, recover from childhood leukemia, so she knew what a toll cancer could take on a family—and she was all too aware that cancer can happen to anyone.

Michele consulted a breast surgeon at another hospital, but when the equipment he needed to perform a needle biopsy was not functioning correctly, he recommended Riddle. Her anxiety level was running high when she arrived for her initial appointment with Annette Pierdomenico, RNC-OB, MSN, Breast Care Coordinator/Patient Navigator for the Comprehensive Breast Center at Riddle Hospital.

“I remember sitting there with my films, extremely nervous, and Annette came in and took my hand with a big smile,” Michele says. “Right away she put me at ease. She explained everything in detail, answered all of my questions, even offered to hold my hand during the biopsy if I needed her to! She scheduled the test and told me the doctor would call with the results within 48 hours after the biopsy—and that put me even more at ease. She was so friendly and calming. This is not an experience any woman wants to go through,

but if you have someone like Annette to guide you, it helps tremendously.”

Michele was fortunate: her results came back benign. A subsequent knee injury and surgery knocked her for yet another loop, but by late March she was back to working at the Lancôme counter in Boscov’s and spending time with her three grandchildren. Her Riddle experience was so positive that she recently approached Annette about providing cosmetology services to women undergoing breast cancer treatment.

“I only knew Annette for a short time, but I felt a kinship with her—like I had a friend who would get me through this no matter what,” Michele marvels. “I had this very strong feeling afterwards that I wanted to get involved.”

Since fall, 2010 hundreds of women and men like Michele have benefited from working with Annette Pierdomenico, who is the face of Riddle’s new approach to breast care. Annette has been a

nurse at Riddle for 25 years, so she was especially excited to become the Hospital’s very first patient navigator for people with breast cancer and other breast conditions, such as cysts, pain, and precancerous changes. She also works with people who are considered high-risk for developing breast cancer, whether due to family history or other risk factors. Most are women, but men can get breast cancer, too.

“My job is to take care of everything for patients and their families behind the scenes,” Annette says. “If there is a highly suspicious mammogram, I can answer questions, get the biopsy scheduled, and arrange other treatments as needed. So this means that after any procedure, all patients have to do is heal. It reduces the burden on them and their family members, and it assures that no one falls through the cracks.”

Annette also can connect patients with other services, such as transportation, financial assistance, and counseling.



In consultation with Annette Pierdomenico, Michele Hamilton gets the guidance she is looking for.

Patient navigation is just one feature of the Comprehensive Breast Center at Riddle, a new entity that brings together all of the Hospital's breast-related services—including imaging, radiology, surgery, pathology, medical oncology, radiation oncology, plastic surgery, and physical therapy—in a highly coordinated manner. Specialists from these areas meet regularly to discuss each patient who is diagnosed with breast cancer, the particulars of the case, and treatment options. William Ayers, MD, a long-time Riddle surgeon and Medical Director of the Comprehensive Breast Center, emphasizes that such an approach is essential today.

“My job is to take care of everything for patients and their families behind the scenes,” Annette says. “If there is a highly suspicious mammogram, I am there to answer questions, get the biopsy scheduled, and arrange other treatments as needed.”

“In the past, cancer care has not always been well-coordinated, and it can seem inefficient from the patient's point of view, making things worse at a very emotional time,” he says. “And as the diagnosis, imaging, and treatment of breast cancer have become more complex, each patient is working with many different specialists. There needs to be a team approach that puts all of the pieces in place for the patient, bringing everyone involved in her care together to make that happen.”

Another benefit of the team approach is faster access to care. In the past, for example, it could take as long as two to three weeks for a person to schedule a biopsy after a suspicious mammogram. But now, with Annette handling the details, patients can get in for a biopsy within 24 to 48 hours, and then get connected to other specialists as quickly as needed.

The Comprehensive Breast Center at Riddle is working to earn accreditation from the National Accreditation Program for Breast Centers (NAPBC; www.accredited-breastcenters.org), a consortium of professional organizations dedicated to improving the quality of breast care. The NAPBC has defined 27 program standards and 17 components of care as the basis for accreditation—everything from having a patient navigator in place, to offering minimally invasive biopsies and breast-conserving surgery whenever possible, to tracking patient outcomes. Riddle formed a steering committee that meets regularly to review the NAPBC standards and build the Breast Center's program around them.

Because the other Main Line Health hospitals already have accredited breast centers, Riddle is able to learn from their experiences. Annette Pierdomenico often meets with their patient navigators, and Dr. Ayers consults with Thomas Frazier, MD, Medical Director of the Comprehensive Breast Center at Bryn Mawr Hospital.

“The opportunity to collaborate as a system, now and into the future, is very exciting,” says Dr. Ayers. “The bigger picture for Main Line Health is the benefit of bringing all of our breast cases

The Associated Auxiliaries Lend Their Support

The Associated Auxiliaries of Riddle Hospital recently donated \$100,000 to help establish the Comprehensive Breast Center at Riddle. Kathy Warren, President of the Associated Auxiliaries, hopes that other members of the community will be inspired to help: “In 1996 I lost my lifelong friend, my very best friend, Eileen, to breast cancer at the age of 53. I miss her every day. Each and every person who reads this message will be affected by breast cancer in some way: through a relative, a friend, or a loved one. Our new Center will provide an extra level of support and comfort to patients and their families.”

together, both to present them and share data with each other. And we'll be in a better position to benchmark the care we're providing and compare our data to national standards.”

Yet the greatest benefit of the new Comprehensive Breast Center at Riddle will be for the people of Delaware County and their families, as it gives them easy access to the highest level of care, along with a caring nurse to shepherd them through the process. This means a great deal to Annette Pierdomenico, who lost her own mother to breast cancer ten years ago and is raising three daughters.

“What a great service to have here in Delaware County, right in our own backyard,” she says. “We can give them cutting-edge care while also easing their burden at a difficult time. It's a great thing to be able to offer patients.”

New People, New Processes

Creating a Better Experience in Riddle's Emergency Department



Athletic injuries sidelined this patient to the Emergency Department at Riddle to be cared for by Michael Goodyear, DO.

If you could go behind the scenes to the “staff-only” area in Riddle’s Emergency Department (ED), you might notice two large bulletin boards plastered with tables of data. This is performance data on everything from patient satisfaction, to wait times in the ED, to how well staff are meeting recommended standards for documenting treatment. At a glance, ED leadership and staff can see how they are doing in any given area at any given time—and focus on improvement.

This is just one of many steps that Emergency Department Director Michael Goodyear, DO, Clinical Nurse Educator Jennifer Cummins, RN, MSN, CEN, and Nurse Manager Donna Cantalupi, RN, MSN, CCRN, have taken to ensure the quality and efficiency of care in Riddle’s ED. Together they have made a renewed commitment to excellence in emergency care, as have the staff of physicians from Main Line Emergency Medicine Associates and the Riddle ED nursing staff.

Dr. Goodyear, who took over as ED director in 2009, believes that patients are taking notice. The ED’s patient satisfaction scores hover around 90 percent, and a facility designed to serve up to 25,000 patients per year is routinely handling 32,000.

One of the first positive changes made by Dr. Goodyear and his team was better use of the Fast Track area. Fast Track is a system designed to divert patients with less serious conditions to a separate area, so they can be seen and sent on their way within 90 minutes. “We created much clearer criteria for what conditions belong in Fast Track—things like sore throats, minor lacerations, sprained ankles—and paved the way for better communication between the triage nurse and Fast Track,” Dr. Goodyear says.

The Emergency Department is currently taking this a step further by planning to pilot a Rapid Evaluation Unit, a newer concept in emergency medicine (see sidebar).

In the meantime, other process changes are making a difference. During most day and night shifts, there is now a clinical coordinator or clinical lead nurse on duty who focuses on managing the flow of patients. Riddle recently received certification in stroke care from the Joint Commission and is working toward chest pain certification from The Society of Chest Pain Centers. Nurses have completed education on topics such as stroke care, sepsis care, and cardiac disease in women through Thomas Jefferson University. An ED Patient Satisfaction Task Force was recently formed to focus more

attention on the patient experience in Riddle's ED.

"We always have to think creatively and consider the 'what if', 'the how,' and 'the why,'" says Donna Cantalupi. "We need to examine every aspect of treatment and ask these questions so we can continue to improve patient care. It is up to the team to take a closer look at how to do it better. It has been a very exciting time for us."

Besides improving processes, Cantalupi and Dr. Goodyear have been upgrading equipment. New computers are in place at each bedside. Some staff members now have portable "zone phones" to communicate with each other, which saves time, cuts down on noise, and keeps patient information private. The ED hopes to purchase several more phones to fully outfit the staff.

Other recent acquisitions include new stretchers with built-in scales to weigh patients (essential for correct medication dosing); hypothermia cooling blankets for patients experiencing cardiac arrest; new Doppler ultrasound equipment with fetal heart tone capability; and carts equipped with supplies specifically for criti-

cal care, pediatric, orthopaedic, and trauma patients. These are just a few of the items that resulted from what Donna Cantalupi calls a "significant inventory" of needs.

Cantalupi, Jen Cummins, and Dr. Goodyear also continuously look to the other Main Line Health hospitals to benefit from their expertise in best practices for emergency medicine.

"We have a voice and bring ideas to our meetings but we also learn from what our colleagues at the other hospitals are doing," Cantalupi says. "We work closely with our leaders in Main Line Health who challenge us to 'think outside the box.' At Riddle, we are moving in the right direction, collaborating well with the physician and nursing staff, and looking to create memorable experiences for our patients by distinguishing ourselves from all others."

Dr. Goodyear agrees: "I came to Riddle not only because it seemed like an interesting next step for my career, but because I saw great potential for the ED to provide the best, most efficient care a patient could get. And now, as a staff, we're all working toward that same goal."



Michael Goodyear, DO, Director of the Emergency Department, regularly consults with staff on patient flow and care.

Rapid Evaluation: Piloting a New Approach to Emergency Care

Riddle is slated to become the first hospital within the Main Line Health System to have a Rapid Evaluation Unit, or "REU," in its Emergency Department. The REU is designed for patients who are not critically ill but still require evaluation and observation. The unit features separate areas for assessment, treatment, and discharge. In the assessment area, the practitioner and a nurse rapidly assess the patient and determine which diagnostic tests and treatments may be needed. The patient is then transferred to the treatment area—think of a library or study with books, magazines, comfortable seating, and a widescreen TV—instead of returning to the waiting room until a bed in the main ED is available. The main ED can then be reserved for the most seriously ill patients.

"Many people are sick but not critically ill, and in the current model they may end up in a bed for two hours," Dr. Goodyear says. "With this new model, they would be comfortable but mobile. And we could see more patients in the space we have and do so safely."

In collaboration with a consultant who has developed other REUs, Riddle is working on a plan for taking a portion of existing ED space to pilot the concept. If this temporary REU can reduce wait times and improve patient flow, the aim would be to incorporate a larger permanent REU into the eventual expansion of the Emergency Department.

Continuing the Conversation

Part 2 of a Riddle Hospital Roundtable on Primary Care

As the conversation about health care reform in this country continues, many experts are talking about the need for patients to establish a close working relationship with a primary care physician. That physician's practice can then serve as a "medical home" for the patient—a place that has an in-depth understanding of his or her health history, serves as a resource when routine problems arise, and helps with referrals to specialists for more complex issues.



Physicians gather for panel discussion: (L-R, clockwise) Helen Kuroki, MD, Michael Shank, DO, Joseph Hope, DO, Doris Tirado, MD, and Russel Applegate, MD

Last fall, *Riddle Matters* magazine convened a panel of some of our most experienced primary care physicians to talk about the role of primary care today, its main challenges and opportunities, and the experience of practicing at Riddle Hospital. In the Fall 2010 issue, we published the first half of the discussion, which ended with the physicians' thoughts about how the increased emphasis on primary care will impact their practices. Now we continue with part 2 of the conversation.

The Physician Panel

Russel Applegate, MD
pediatrics, 30 years at Riddle

Joseph Hope, DO
internal medicine, 15 years

Helen Kuroki, MD
obstetrics/gynecology, 10 years

Michael Shank, DO
family practice/geriatrics, 25 years

Doris Tirado, MD
obstetrics/gynecology, 12 years

RM: What will be the keys to success for a "medical home" model? What advice would you give a patient who wants to build a productive relationship with a primary care physician?

DR. HOPE: The concept of preventive care and the medical home depends upon the patient having a stake in it, too. Patients have to come prepared and know that this is an ongoing process—you're not going to have problems fixed in one visit and then just call us when you need us again.

But we also have to be respectful of the fact that we can't just bring patients back in over and over again, especially when they are working, or depending on a working family member. Nor can we open our doors at 9 and close at 5 and expect things to work out just fine. At our practice we try to be a little more flexible with our

office hours and availability in the evenings and on weekends. The same holds true for pediatrics—Russ [Dr. Applegate] recently came in and saw my daughter on a holiday, for example. That becomes part of what you have to do. I get a little nervous when I see some younger doctors who think that medicine is a 9-to-5 job. It can't be that way if we expect patients to buy into the medical home model.

DR. SHANK: For patients, preparing for the office visit is the most important thing. Come with a list of medications and a prioritized list of issues you really want to talk about. Have some idea of what you want the end result of the visit to be. Realize that not everything can be covered in one visit. There may need to be a follow-up visit where we can talk about the results of the initial visit and any testing that was done, and then plan for the future.

DR. KUROKI: I couldn't agree more. If a patient comes with a list of questions and current medications, we are already making the visit more useful. Additionally, if we anticipate a more serious visit—for example, a pre-operative talk—I recommend bringing a trusted relative or friend along as a second set of ears. That person can help fill in the gaps for anything you might not have heard or were unable to digest at the time.

DR. TIRADO: I agree that you can't expect everything to occur at that first visit. The groundwork is laid but you have to keep building on it. And it is a two-way street. The patient has to come prepared, but the physician also can't expect to come in for two minutes without giving the patient the opportunity to speak.

RM: Earlier in our conversation, you talked about changes such as electronic medical records, insurance issues, and time constraints. Do you see other important challenges on the horizon for primary care in particular, and Riddle Hospital in general, over the next few years?

DR. SHANK: One major challenge for primary care is the recruitment of new doctors. We have many dedicated, caring physicians who are excellent role models, but medical students are not going into primary care at the rate we would like to see. The average age of family doctors has increased significantly over the last several years. We are committed to having medical students and residents in our office, and hopefully we can pass on some of our enthusiasm. But certainly there are better reimbursed areas of practice with lower malpractice insurance rates. When we see a young physician with ties to this area who wants to stay here, though, we try to show that we can provide a setting in which they can practice quality medicine.

DR. KUROKI: In obstetrics, we also are working very hard to recruit and retain new physicians. Some of them are surprised when they come to a community hospital and see that they will continue to work as many as 80 hours per week. This is a "high-touch" field and you have to be in the hospital—it is traditionally a nighttime specialty—but

many new physicians want to get away from that. There are more and more women in our specialty, and many are trying to have families of their own. The average age for women to give up the practice of obstetrics is 43, meaning they have only been in attending practice for ten to 12 years. And I recently read that only seven percent of physicians in PA are under 35, and half are older than 55. Clearly there is a need to bring younger physicians into the primary care practices.

DR. HOPE: As far as challenges for primary care at Riddle, I think one of the biggest is upgrading the physical plant. I want the Hospital to understand that primary care physicians play an important role in bringing patients to Riddle—patients who come here because they value their relationship with us. To give them the best care, we need access to the best facilities, the best technology, the best equipment. All of these things reflect directly on us as physicians and Riddle as a hospital. We have a direct stake in this facility for professional and personal reasons. I want to see the Hospital and its physicians work together to make sure it is as excellent as it can be.

DR. SHANK: And it is so important for the community to support Riddle. If you live within Riddle's service area, and you develop a sudden illness, this is where you are going to be. I know there are fundraising efforts that will be critical in helping Riddle upgrade the facility, develop new programs, purchase expensive equipment, and retain the best and brightest personnel. The community has to be a partner in Riddle's development.

RM: Finally, what do you love most about your job? What do you enjoy most about your affiliation with Riddle?

DR. HOPE: I really enjoy the people here, including colleagues in the Hospital—from nursing to house-keeping to administration—and the patients. It comes down to the day-to-day interactions with people you enjoy and who share the same goals as you do.

DR. SHANK: I take great satisfaction in the fact that the members of our division are committed to maintaining strong, continuous relationships with patients and providing the best, most up-to-date care with a focus on prevention.

DR. TIRADO: I've been seeing many of my patients for a long time, and the annual visit is a chance to catch up: What's been going on? Where did you go on vacation? How is your daughter? Where is your son now? We have been through so much together—children, the deaths of spouses, remarriages. It is the whole of life that we share with them, and they with us.

DR. APPLGATE: Sharing patients' lives from the moment they are born, to early infancy and childhood, to high school and college graduation—and then seeing them get married and have children of their own—makes it very rewarding.

DR. KUROKI: It really is all about the people. Why would we do it otherwise? I had a great day on Friday. I had a scheduled C-section with a patient I've known since she was in high school. I can still remember her telling me about a nice boy she was dating, and he eventually became her husband. And now they have two daughters and a beautiful new baby boy. I also take care of the baby's two grandmothers. That day I thought to myself, "Yes, this is why I signed up for this."



“The chance to share in my patients’ lives as they go through so many experiences is a great privilege.”

Doris Tirado, MD *Chair of Obstetrics & Gynecology*

When Doris Tirado, MD, joined Riddle OB/GYN Associates in 1997, she brought a breadth of experience that comes from living in many different places and interacting with many types of people. Born in Puerto Rico, she moved with her family to Columbia, South Carolina, at age ten because of her father’s military career. After graduating from the University of South Carolina, she attended medical school in Guadalajara, Mexico, completed residencies in Chicago and New York, and then practiced obstetrics and gynecology in a number of settings before settling in at Riddle in 1996.

Although Dr. Tirado has lived in many places, her career has been

driven by one constant theme: taking the best possible care of women’s health needs. Coming of age in the 1960s and early 1970s, she grew to understand that women as a population were underserved by the medical establishment—and she wanted to help change that.

“Women’s health care is tremendously important, but I could see that much of the time it was getting short shrift in terms of attention and research funding,” Dr. Tirado says. “So I knew ob/gyn was the specialty for me.

“I’m grateful to have lived in many cities,” she adds. “I always knew I would go where the best opportunity to help women would lead me.”

Now that Dr. Tirado has been at Riddle for almost 15 years, she has no plans to move again—but that doesn’t mean she is standing still. Four years ago, she became Chair of the Department of Obstetrics & Gynecology, and her aim is to ensure that all care is safe, patient-centered, and evidence-based—meaning that it reflects the very latest medical evidence. This can be a challenge because women’s health guidelines are constantly evolving, whether they have to do with hormone therapy, HPV vaccination, cancer screening, or some other area. Dr. Tirado credits her colleagues for their commitment to best practices and patient safety. She also takes pride in the fact that the department now has a “Condition O” rapid response team, meaning that nurses and physicians are specially trained to intervene quickly when there is an obstetrical emergency. “Condition O” is only part of the department’s ongoing efforts, however, which include safety drills and periodic fetal heart rate tracing reviews.

“I hope to help my colleagues continue our commitment to excellence—putting patient safety at the forefront of how we function and what we do, and making sure that any woman who turns to any one of us for help will get the best possible care,” Dr. Tirado says. “The chance to share in my patients’ lives through so many experiences is a great privilege.”

Russel Applegate, MD

Chair of Pediatrics

Today, few parents have the opportunity to take their own children to the same pediatrician they had growing up. Thanks to a 30-year career at Riddle Hospital, though, Russel Applegate, MD, has given many Delaware County families that very opportunity. The chance to help children and their families thrive over the long-term was what drew him to pediatrics in the first place.

“It really is so gratifying not only to care for babies through their childhood, teen years, and young adulthood, but also have them come back to me to care for their own children.”

“There were doctors in my family and medicine always appealed to me as a career, but I also knew I wanted to work with children,” Dr. Applegate says. “I couldn’t think of anything more rewarding than helping families raise healthy children.”

Dr. Applegate began his career in the early 1970s as a public school science teacher just a couple of blocks from Shibe Park in North Philadelphia. From there he went to medical school at Hahnemann and completed his internship and residency in pediatrics at Hahnemann University Hospital. He began practicing in Delaware County and joined Riddle Pediatric Associates in the early 1980s. He says that he has enjoyed being part of the Riddle community for all these years, and as a pediatrician he especially appreciates the Hospital’s excellence in obstetrics and neonatal care.

“I find Riddle to be a wonderful place for babies to be born, where they and their moms are well taken care of,” Dr. Applegate says. “In the nursery, for many years now we have been fortunate to have neonatologists on staff seven days a week, 365 days a year. They can take care of any baby who has a serious problem.”

Over his years in practice, Dr. Applegate also has had a front-row seat to the trends affecting pediatrics—everything from rising childhood obesity rates to parent concerns about vaccine safety. Often he has to educate parents about how best to make sense of advice they hear on the news or see online.

“With vaccines, for example, today’s parents don’t have experience with the diseases they protect against and just how dangerous those diseases are. So we have to meet the challenge of the popular media and the Internet spreading misinformation. But we have to keep the vaccination rates high—that is how we are going to have healthy children.”

Dr. Applegate also has gained a reputation as a dedicated physician who often comes in on holidays and stays late into the evening when his patients need him. Perhaps that’s why so many former patients want to continue their relationship with him.

“It really is so gratifying not only to care for babies through their childhood, teen years, and young adulthood, but also have them come back to me to care for their own children,” he says.



Russel Applegate, MD, Chair of Pediatrics at Riddle, has many young friends. Among them is Kiara Alfred, who was born at Riddle Hospital.

Riddle Honors Jayne and Walter Garrison at Man O' War Gala



You would be hard pressed to find another couple who has done as much for young people as Jayne and Walter Garrison of Rose Tree have. The list of worthy causes they support, not just with their resources but also with their time and talents, could fill pages. To mention just a few:

- the World Affairs Council of Philadelphia, where they have supported educational programs for high school students and a mentoring program for young women
- * the Delaware County Historical Society, where they created the Passport to History program for elementary school children and a museum for the Society's collections
- the Boy and Girl Scouts, through their creation of the Garrison Camp for Boy Scouts and efforts to offer high-school Scouts educational programs in science and technology

They are also involved with the American Red Cross, Elwyn Institute, the University of Kansas (Walter's alma mater), the Center Foundation...and the list goes on.

But perhaps the cause nearest to their hearts is the Pennsylvania Institute of Technology (P.I.T.), which offers two-year, technically-focused associate's degrees for 1,100 students at its Media and Center City campuses.

As a young engineer launching his own career in the early 1950s, Walter founded P.I.T. to help fellow engineers gain skills for advancing their careers. He went on to become president and CEO of the CDI Corporation, building it into one of the world's leading providers of professional, technical, and staffing services to clients in industry, business, and government. Upon his retirement in 1997, CDI had 33,000 employees, over 9,000 clients, and revenues over \$1.7 billion annually. Through all of those years until today, Walter still continued to shape the mission and vision of P.I.T., staying involved as board president. Jayne too has a long history with P.I.T.: She first joined the school as registrar in 1955; met

Walter, whom she would eventually marry; and although she went off to work at other colleges, eventually came back to P.I.T. and has served as a long-time board member. Jayne and Walter trace their shared passion for supporting education to their work at P.I.T.—a passion that led them to embrace so many other great causes.

“Education is so important and we wanted to find ways to help young people—not just by funding programs, but by getting involved with them.”

“P.I.T. students have had somewhat difficult academic careers and life situations—94% are on financial aid—and we give them such encouragement and guidance and counseling that it enables them to reach much greater potential than they would without us,” Walter says. “Really it’s about helping people help themselves through a technical education. And helping people becomes infectious—you want to do more.”

“As we became more and more involved in the nonprofit educational community, we saw that there were more needs and opportunities to serve,” Jayne adds. “Education is so important and we wanted to find ways to help young people—not just by funding programs, but by getting involved with them.”

Just as Jayne and Walter are partners in life, they are partners in all of the great causes they support: “We always tell any nonprofit that if they want to work with one of us, they get the other one too!” says Jayne.

Given how busy the Garrisons are—not only with their many

community involvements, but also with a large family of seven children, 16 grandchildren, and two great-grandchildren, and much-loved hobbies such as travel and dancing—Riddle Hospital is grateful to count them among its most valued supporters.

The couple's connection with Riddle took root back in 2000, when Jayne became involved with Healthy Communities Initiative, an effort led by the Hospital to bring community organizations together to address risk-taking behaviors among area teens.

That connection deepened in 2006, when P.I.T. started a new Licensed Practical Nurse degree program. The Garrisons found that Riddle was more than willing to provide opportunities for their aspiring nurses to gain clinical experience. Since then, the Garrisons have been directing their support to Riddle's Fund for Nursing Excellence, and they are excited by the Hospital's plans to pursue Magnet™ recognition, the highest mark of nursing quality—along with many other recent changes they have witnessed.

"From joining Main Line Health, to being able to attract the Rothman Institute, then the new building and just the great attention being paid to the quality of care—we really see such transformation going on at Riddle," Walter says.

"A growing, expanding community is in dire need of an outstanding hospital," Jayne adds, "and everyone in the community stands to benefit from having excellent, well-educated nurses nearby."

For the Garrisons' commitment to us and to improving the lives of so many people throughout Delaware County and beyond, Riddle says a heartfelt "thank you."

Man O'War Gala

This year's gala was held at Drexelbrook Event Center on April 16. It was a night to honor the Garrisons and to remember for the friends, food, generosity, music and cake!



Gary Perecko presents handmade clock to Jayne and Walter Garrison



Steve Derby, Gary Perecko and Jack Lynch accept \$200,000 check from Kathy Warren, Associated Auxiliaries President



Jayne and Walter dance to the Philly Party Band



Celebrating their wedding anniversary, the Garrisons are surprised with the cake!



Best Friends—Alice Strine, Sally Holub, Walter Garrison, Jayne Garrison



Family Bonds—Larry Phelan, Jayne Garrison, Walter Garrison, Sue Garrison



Cindy and Gary Perecko enjoy the dancing and music.

A Focus on Philanthropy

Building Riddle's Future Together

Nancy Copple

A lifelong supporter of her community hospital

Nancy Copple learned at an early age to appreciate her community hospital. Her father served on the board and her uncle was the medical director. She even volunteered along with her cousin as a candy striper—delivering mail, flowers and more. So it didn't take long for Nancy to find Riddle when she recently moved to Delaware County.



Having been a life-long supporter of charities and community hospitals, her next step was easy—she sent in a generous donation,

unsolicited, to The Riddle HealthCare Foundation.

Soon after, Nancy attended a luncheon where she met Riddle's Vice President of Nursing, Ann Marie Brooks. Nancy recognized an opportunity to share important health information with her friends and neighbors in Maris Grove, where she volunteers in the TV studio. Soon she had an interview arranged with Brooks and laid the groundwork for a series of programs featuring experts from Riddle on a variety of health topics.

Nancy is now a member of the President's Council of the Samuel D. Riddle Society, and looks forward to a long, mutually beneficial relationship with Riddle. "It's the right thing to do—supporting your local charities—and our hospital is one of the most important," she notes. "I am proud of Riddle and the care they provide and I want to ensure that it can continue."



The three surgeons "scrubbed in" (L-R) Hassan Vakil, MD, George Herker (mock surgeon), Peter Sharkey, MD.

Evening in the "OR"

Surgery is something that few people get to watch firsthand. So a lot of excitement was generated recently when a small group of board members and donors visited Riddle to see just what happens when Dr. Peter Sharkey of the Rothman Institute performs knee replacement surgery.

The evening started with Hassan Vakil, MD, Chair of the Division of Surgery, who welcomed guests and introduced Dr. Sharkey, highlighting the successful partnership between Rothman and Riddle.

Guests then heard from Dr. Sharkey who talked about Rothman's decision to come to Riddle in 2005. "Back then, I knew little about Riddle but when I visited for the first time, I was deeply impressed by the people providing the care. The administrators, physicians, nurses, and physical therapists were truly committed to clinical excellence and compassionate care at a level I had previously not experienced. These characteristics are also an integral part of the Rothman Institute heritage," he explained to the guests.

Dr. Sharkey introduced the members of his team, emphasizing their outstanding dedication and professionalism.

While there was no blood, the mock surgery did feature an actual knee-replacement patient, a full

surgical team, including the anesthesiologist, and all the necessary equipment. Participants agreed the format was engaging and instructive, with a consistent focus on safety and teamwork.

"We felt like inside observers...and were so impressed by the extent to which the staff goes to protect the patient—beyond anything I ever imagined!" commented a guest, in full surgical gown, booties and cap.

"The decision to open a satellite at Riddle was the right one and our mutual success is obvious," concluded Dr. Sharkey. "Today, Riddle Hospital is distinguishable by the unique individuals in this organization dedicated to providing exceptional medical care. I was delighted to have a chance to demonstrate this to some of our key supporters."



Ways to Give

There are a variety of ways to support Riddle Hospital that provide you with the satisfaction of supporting its mission and securing certain tax advantages. The simplest form is to make your tax-deductible gift by check payable to “The Riddle HealthCare Foundation” and send it in the enclosed envelope.

Or you could choose the convenience of making your secured credit card gift online at www.mainlinehealth.org/riddle. Just click on (1) “About Riddle,” (2) “The Riddle HealthCare Foundation,” and (3) “Make a Gift.”

Depending on other assets you own or your personal circumstances, you may want to consider other available options such as:

Gifts of Securities and Other Property:

Gifts of appreciated stock, mutual fund shares or other securities can be a cost-effective way of supporting Riddle. Gifts of real estate, paid-up insurance policies or personal property are also welcome.

Planned Gifts:

From a simple bequest in your will to a charitable remainder trust or charitable gift annuity that provides valuable life-income, planned gifts offer the flexibility of providing for Riddle’s future while addressing your personal and financial needs. They also provide current and future tax benefits.

Matching Gifts:

You can increase the value of your gift by taking advantage of your employer’s matching gifts program, if it is offered. Check with your human resources department and if the program is offered, fill out the matching gift form and enclose it with your gift.

Memorials and Tributes:

Remembering a loved one or honoring a friend, family member, physician or other caregiver is a wonderful way to express your personal appreciation and support Riddle Hospital at the same time.

For more information on any of these giving options, please call Steve Derby, Vice President for Development at The Riddle HealthCare Foundation, 484-227-3651.

The Riddle HealthCare Foundation Development Office:

Steven R. Derby
Vice President for Development
484-227-3651
derbys@mlhs.org

Ellen Y. Grill
Associate Director for Development
484-227-4701
grille@mlhs.org

Sandra L. Swank
Executive Assistant
484-227-3504
swanks@mlhs.org

Martha Grieco
Communications & Development
Coordinator
484-227-6286
griecom@mlhs.org

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Save the Dates

**2011 Pro Am Golf Classic
Thursday, September 15, 2011
DuPont Country Club**

**The Board of Directors Cocktail Party
Sunday, October 23, 2011
Overbrook Golf Club**

**Man O'War Gala
Saturday, April 28, 2012**

Our Mission

We exist to provide quality healthcare and superior service in order to promote and improve the quality of life in our communities.

Our Vision

To be the best place to receive care. To be the best place to give care.

The Riddle HealthCare Foundation provides a philanthropic venue for members of the community to support Riddle Hospital in fulfilling the mission and vision stated above.